



BULLETIN

OF

The National Association for the Study and Prevention of Tuberculosis

Vol. IV

JANUARY, 1918

No. 4

National Association Needs 5,000 New Members

The Executive Committee of the National Association has announced a campaign for 5,000 new members. This drive will be launched on February 4, 1918, and will continue until March 11. The co-operation of all BULLETIN readers in the plan is urgently needed.

The reasons that have influenced the National Association to start the campaign at this time may be briefly summarized as follows:

Reasons for Campaign

First—The membership of the National Association at the present time is only about 2,500. If the Association is going to be of the greatest usefulness in promoting interstate and federal programs for the control of tuberculosis and in assisting local and state organizations in their work, it must have a wider representation and more money.

Second—Demands upon the National Association for field and other special lines of service at the present time are so overwhelming that they cannot possibly be met unless its budget is increased from 50 to 100 per cent.

Third—The special demands upon the National Association because of the war have greatly increased the necessity for expansion of its scope of work. If these opportunities are to be realized, the most assured way of financing the work would seem to be by an increased membership.

Fourth—The rapidly developing anti-tuberculosis movement has enlisted a large and increasing number of men and women in every part of the United States. The National Association believes that from this group it will be a comparatively easy matter to recruit at least 500 members. It is the hope of the Executive Committee that the membership of the National Association will soon reach at least 10,000.

General Plan

The 5,000 new members have been apportioned in advance among different states as shown in the list below. Attention is called to the fact that in no state is the number apportioned likely to be burdensome or hard to secure. The apportionments are made upon the basis of population, taking into consideration the anti-tuberculosis work in the respective states. This quota for each state is as follows:

Apportionment of 5,000 New Members among State Associations

State	Present Members	Additional New Members Apportioned
Alabama	10	50
Arizona	11	25
Arkansas	4	50
California	87	175
Colorado	60	65
Connecticut	80	80
Delaware	7	15
Dist. of Columbia	64	20
Florida	11	20
Georgia	21	60
Idaho	2	20
Illinois	169	400
Indiana	38	175
Iowa	12	125
Kansas	4	75
Kentucky	25	50
Louisiana	10	25
Maine	14	40
Maryland	80	75
Massachusetts	204	230
Michigan	57	150
Minnesota	52	150
Mississippi		25
Missouri	24	175
Montana	7	25
Nebraska	10	50
Nevada		10
New Hampshire	8	30
New Jersey	76	200
New Mexico	19	25
New York (up state)		450
New York City	670	125
Brooklyn		75
North Carolina	29	75
North Dakota	9	30
Ohio	101	350
Oklahoma	6	50
Oregon	21	30
Pennsylvania (except Allegheny and Philadelphia counties)	203	350
Philadelphia		100
Pittsburgh and Allegheny Co.		50
Rhode Island	37	40
South Carolina	5	20
South Dakota	3	30
Tennessee	11	75
Texas	29	175
Utah	5	25
Vermont	11	30
Virginia	20	50
Washington	31	50
West Virginia	17	25
Wisconsin	36	175
Wyoming	1	15
Total		5,010

Literature and Service

Literature of various kinds, lists of names and other special service will be furnished to state and local associations in an endeavor to make the drive a success. The personnel of the executive office of the National Association will assist in every possible way in local and state campaigns.

Policy

In pushing the drive, the National Association will continue its customary policy of not carrying on any extensive appeal without the support of the anti-tuberculosis associations in the territory approached. The policy of the campaign will be to secure membership from those men and women who are financially able to support both local and national work.

Local Value of Campaign

Such a campaign for membership in the National Association cannot help but stimulate local anti-tuberculosis work. Every member of the National Association will be a more enthusiastic supporter of local work because he or she will receive stimulus and instruction from headquarters, and the dignity of membership in the National Association will be of additional service as well. Local and state anti-tuberculosis associations are, therefore, helping themselves by helping in this drive.

Co-operation

The co-operation of state and local anti-tuberculosis associations will be counted upon in making this drive a success. Secretaries of state associations have been urged to re-allot their apportionment to local associations, who in turn should follow a similar procedure.

Enclosure Slips

As one of the early steps in advertising the campaign, the National Association is having an enclosure slip printed for each state. This slip is designed for mailing as an enclosure with letters or with other circulars. It contains an announcement of the campaign and the reasons for it. Anyone who can use these slips may obtain a supply by writing to his state association.

Readers of the BULLETIN are urged

(Concluded on page 5, col. 3)

BULLETIN OF
THE
NATIONAL ASSOCIATION FOR
THE STUDY AND PREVENTION
OF TUBERCULOSIS

Published Monthly

In the Interest of Workers Engaged in the
Anti-Tuberculosis Movement by
THE NATIONAL ASSOCIATION FOR THE
STUDY AND PREVENTION OF TUBERCULOSIS
105 EAST 22ND STREET, NEW YORK CITY

Vol. IV January, 1918 No. 4

Entered as Second Class Mail Matter October 21, 1914,
at the Postoffice at New York, N. Y., under the
Act of August 24, 1912

OFFICERS OF THE ASSOCIATION

President

DR. CHARLES L. MINOR - Asheville, N. C.

Vice-Presidents

DR. DAVID R. LYMAN - Wallingford, Conn.

FREDERICK L. HOFFMAN, Ph.D., Newark, N. J.

Secretary

DR. HENRY BARTON JACOBS, Baltimore, Md.

Treasurer

WILLIAM H. BALDWIN, Washington, D. C.

EXECUTIVE OFFICE

105 East 22nd Street, New York City

DR. CHARLES J. HATFIELD, Executive Secretary

PHILIP P. JACOBS, Ph.D., Assistant Secretary

DR. DONALD B. ARMSTRONG, Assistant Secretary and Executive Officer of the

Community Health and Tuberculosis Demonstration.

CHARLES M. DEFOREST, - Field Secretary

FREDERICK D. HOPKINS, - Field Secretary

DR. H. A. PATTISON, Medical Field Secretary

Red Cross Seals

Every local agent for Red Cross seals is urged by the National Association to make all collections of payments and unsold seals and to render his report and remittance to his state association just as soon as possible. Not only is there most urgent need for money to be put immediately to use in anti-tuberculosis work among troops and civilians, but the state and national associations have put out more money in the expenses of the campaign this year than hitherto. As a consequence, until payments come in from the recent seal campaign the association will be delayed if not more seriously hampered in their programs.

Preliminary reports on the sale from several widely separated parts of the country indicate that a total sale far larger than any previous year has been made. A more definite estimate will be given as soon as possible.

A New Year's Message from France

The Monthly Bulletin of the New York State Charities Aid Association for January contains a cable from Homer Folks, secretary of that association, who is now in France in charge of the Department of Civil Affairs for the American Red Cross. This message will be interesting and inspiring to all anti-tuberculosis workers in view of Mr. Folks' prominence in tuberculosis work. Mr. Folks' message is as follows:

Tuberculosis a Major Offensive

"You ask New Year's message for S. C. A. A. readers after five months in France. There is one—clear, emphatic, unescapable. It is this: Social ills in peace time become national calamities in war. Tuberculosis, infant mortality, venereal diseases, deserve attention in peace; but in war they must be met as major offensives. In Paris every week one death in every five is tuberculosis. Number of births greatly reduced. Infant mortality relatively favorable, but could be cut in half. Great refugee population in overcrowded quarters sowing seeds of future harvests of tuberculosis and reduced vitality.

What Commission is doing

"American Red Cross in France helping actively all these lines, in co-operation with French agencies, is moving hundreds refugee families from unhealthful into sanitary quarters; finishing unfinished tuberculosis hospitals; helping tuberculosis dispensaries; assisting in organizing training schools for health visitors; conducting medical examinations. Five hundred repatriated children received daily at Evian; conducting several children's hospitals and medical stations; starting a broad infant welfare educational campaign; making grants money and supplies to hundreds French and American organizations, officials and individuals doing relief and health work.

Helping to Win the War

"Civil Affairs Department aims to help win the war, and help to make it more worth while to win the war, by conserving life and vitality of those for whom the war is to be won. United States, about to undergo the strain of war, cannot afford to neglect any sound measures for health and social welfare.

Far more important than ever before to eliminate all unnecessary sources of disease and weakness. Reserve power American people fully adequate to both foreign and home demands."

A New Book List

The *Journal of the Outdoor Life* has issued a new edition of its circular entitled "Authoritative Books." The circular aims to list and describe with prices the best books on tuberculosis, especially those for the physician. No attempt has been made to make the list complete, but it includes a fund of valuable information, nevertheless, for the anti-tuberculosis worker. Copies of the circular will be sent on request to the *Journal of the Outdoor Life*, 287 Fourth Avenue, New York.

The following descriptions of new books added to the list in 1917 will give an idea as to the nature of the list. The books may be ordered from the *Journal of the Outdoor Life* at the prices listed.

THE PNEUMOTHORAX TREATMENT AND PULMONARY TUBERCULOSIS. By Clive Riviere, M.D., Lond F.R.C.P. Published by the Oxford University Press, London, 1917, in one vol., 186 pp., with 12 illustrations. Price, \$1.75, postpaid.

Dr. Riviere has performed a real service in bringing together under one cover in concise form the best information available concerning the use of artificial pneumothorax. His book deals with the mode of action of artificial pneumothorax; indications and contraindications for the use; apparatus required; technique of initial operations, effect of pleural adhesions; partial and complete pneumothorax; refills; physical signs in artificial pneumothorax; course of treatment and its termination; effect of pneumothorax on thoracic organs; pleurisy as a complication; gas replacement; accidents of pneumothorax treatment; general results to be expected; and bibliography.

CLINICAL TUBERCULOSIS. By Francis M. Pottenger, A.M., M.D., Ph.D. Published by The C. V. Mosby Co., 1917. Two vols., 1400 pp., with numerous plates and original engravings. Price, \$12.00, postpaid.

In this work Dr. Pottenger has given a complete treatise on tuberculosis, taking up the pathology, anatomy, diagnosis, prognosis, complications and treatment. The book is based primarily on Dr. Pottenger's clinical experience, and offers a good working library on tuberculosis, especially to the young practitioner, at a moderate cost.

(Concluded on page 8, col. 2)

Institute Dates and Program

The third annual session of the Institute for Tuberculosis Workers will be held at the New York School of Philanthropy under the auspices of that institution and The National Association for the Study and Prevention of Tuberculosis from June 10 to June 29, 1918. These dates immediately follow those of the annual meeting of the National Association at Boston, June 6, 7 and 8.

Objects

The Institute has four main objectives:

- (1) To train workers who are already in executive positions in the anti-tuberculosis field to assume positions of greater responsibility, or to fit them to be of greater service in their present fields.
- (2) To give workers who have not had experience in the anti-tuberculosis field a more comprehensive knowledge so that they can assume positions of executive responsibility in this field.
- (3) To a limited extent, to give to volunteer workers in the tuberculosis field a more comprehensive knowledge of the administrative problems involved in the work.
- (4) To aid in the standardization of methods and programs of anti-tuberculosis work.

Outline of Course

The following partial outline of the course gives only a very limited idea of the scope of the work undertaken.

I. METHODS OF ANTI-TUBERCULOSIS WORK:

- (a) Educational Methods:
 - (1) Exhibits; (2) publicity; (3) literature; (4) special work with children; (5) special campaigns; (6) Red Cross Seals and fund raising.
- (b) Organization:
 - (1) Constitution and by-laws; (2) working committees; (3) getting related groups to work; (4) personalities; (5) meetings of boards and committees; (6) office organization, files, records, etc.
- (c) Dispensaries:
 - (1) Establishment, organization and equipment; (2) staff; (3) records; (4) costs; (5) functions, etc.
- (d) Open Air Schools:
 - (1) Kinds of schools; (2) construction; (3) selection of children; (4) teacher; (5) length of stay and after-care; (6) feeding and clothing; (7) medical care and results.

(e) Nursing:

- (1) How to get a good nurse; (2) the nurse and the dispensary; (3) urban vs. rural problems; (4) the nurse in the home; (5) the nurse in the community; (6) general vs. specialized nursing; (7) nursing as a public function.

(f) Institutional Methods:

- (1) Anti-tuberculosis societies in relation to public and private institutions; (2) state vs. local hospitals; (3) operating a sanatorium or hospital; (4) follow-up and social service work; (5) hospital records.

(g) Industrial Work:

- (1) Occupational mortality; (2) medical examination of employees; (3) employees' relief associations; (4) health work in factories; (5) health insurance.

(h) Co-operation with City and State Officials:

- (1) With local boards of health; (2) with county boards of health; (3) with state boards of health; (4) with various city departments.

(i) Conduct of Conferences and Meetings:

- (1) Arranging the program; (2) entertainment by local committees; (3) publicity and promotion; (4) mass meetings.

II. PROGRAMS FOR ANTI-TUBERCULOSIS WORK:

(a) Programs for Local Work:

- (1) Education; (2) Hospitals and Sanatoria; (3) Dispensaries; (4) Nurses; (5) Open Air Schools; (6) Industrial Work; (7) Municipal Legislation; (8) Co-operation with city officials; (9) Inter-relation and co-operation; (10) Programs for small towns and rural communities; (11) Programs for large cities.

(b) The Framingham Community Program:

- (1) The Framingham Idea; The Framingham Community; (3) the Framingham Program; (4) Possibilities of the demonstration.

(c) Programs for State Work:

- (1) Prevention of Infection; (2) increasing resistance; (3) care of curable cases; (4) working with local and state groups; (5) the functions of the state associations in relation to the State Board of Health.

(d) Program for the Nation:

- (1) History of National Movement; (2) Policies of the National Association; (3) Methods of National Work.

III. RELATION OF THE TUBERCULOSIS CAMPAIGN TO OTHER SOCIAL AND PUBLIC HEALTH MOVEMENTS:

- (a) Boards of Health.
- (b) American Public Health Association.
- (c) Infant Mortality Movement.
- (d) Pure Milk Campaign.
- (e) Housing Campaign.
- (f) Temperance Movement.
- (g) Labor Movements.
- (h) Charity Organizations and Similar Societies.

IV. THE PSYCHOLOGY OF COMMUNITY ORGANIZATION.

Methods of Work

The Institute does not follow the usual class-room or lecture methods. The round-table conference with discussion prepared and directed by the conductor, is rather the method employed. Each of the various topics indicated in the foregoing outline will be presented by an expert in that particular line, and the subject will be thoroughly discussed by him and with ample opportunity for class discussions, comments and questions.

The mornings are given over to these conferences; in the afternoons the Institute visits and studies, with particular reference to their methods, various institutions and agencies engaged in tuberculosis work. In conjunction with the Institute a series of medical lectures by one or more speakers of national prominence is also given.

Fees and Expenses

The only charge for the Institute will be a registration fee of ten dollars. For living expenses in New York, it is desirable to allow about fifteen to eighteen dollars a week as a minimum.

Admission

Membership in the Institute is by invitation in every case. Those who are interested in attending should send their applications, with full information as to their experience and present work, to Philip P. Jacobs, 105 East 22nd Street, New York City. Invitations will be issued to not more than thirty. Preference will be given in extending invitations to those who make early application.

Modern Health Crusaders' Department



In December several army divisions of recruits were added to the Crusade, probably no less than 300,000. Enlisted by the sale of Red Cross seals more rapidly than would be possible by the health chores alone, these American children are ready to "carry on" in the Crusade. The extent to which they will acquire the health habits of Modern Health Crusaders and will carry out the 1918 program of health work depends to a large degree on the number of leaders who now come forward to organize the recruits into leagues, the companies of the Crusade army. January is the best month for organizing, while the interest aroused in December is fresh. All the children who have received or are entitled to the Crusader's certificate or insignia in a town where there is no league should be invited by their teacher, visiting nurse, Red Cross seal agent, or other adult desirous of helping children, to meet to form a League and elect officers.

Pennant Competition

The national Modern Health Crusader pennant competition is open to leagues organized this month no less than to leagues formed previously. The league that reports the largest number of members qualifying as Crusaders between October 15 and December 31, 1917, in ratio to the population of the town or city in which it is located will be awarded one of the ten pennants. The cities and villages of the country are divided into the ten population classes set in the Red Cross seal pennant competition, and a given league has to compete only with leagues in places within its class.

On or before February 1, 1918, the league master of each competing league must mail to the National Association at New York a report signed by him and by the marshal, captain or herald of the league, certifying the number and residence of Crusaders who have become members between October 15 and December 31, and have received their certificate cards. The report must include the estimated 1917 population of the city, village, town or township in which the members reside, and also the number of members qualifying by each of the two methods, chores and seals. The circular, "Honors and Pennants," giving full particulars regarding the competition, and a report form will be sent on request to the National Association, as well as the Crusaders' manual, which explains the manner in which a league is organized.

The Crusade and Other Organizations

Inquiries coming to us indicate that it is not plain to all that various children's organizations not formed as dis-

tinct Leagues of Modern Health Crusaders may take up the Crusade as a phase of their work, the health side of their program. Junior Red Cross Auxiliaries, Boy Scout Troops, Camp Fire Girls, and Junior Y. M. C. A. groups, as well as day schools and Sunday schools, may make Crusaders of their members who do the health chores, may distribute the insignia, enroll the qualified Crusaders as members of a league, and hold open sessions of Crusaders' meetings for the benefit of their entire membership. The Crusade plan will give members of other children's organizations an interest in health work which their own programs cannot engender.

February Meeting

The first of the regular bi-monthly meetings for 1918 listed in the manual comes in February. Subject: Home gymnastics. Folk dances. Methods of outdoor sleeping. Abundant literature is available through which even the most inexperienced league master can make the meeting fascinating for the Crusaders. The "Keep Well Stories" book (75c postpaid, from *Journal of the Outdoor Life*) has two pertinent stories: "Jack Frost" and "House that Jack Built." Home gymnastics should be taught at the league meetings. "Play and Athletics for Public Schools," published by the Virginia Department of Education, Richmond (15c), and the James Brown & Son Manual of Drill for Boy Scouts (30c, Boy Scouts of America, 200 Fifth Avenue, New York), give systems of simple gymnastics. A valuable and comprehensive book is "Games for the Playground, Home, School and Gymnasium" (\$1.50, Macmillan, New York). For folk dances, "Dances of the People," by Elizabeth Burchenal (\$1.50, Schirmer, New York), makes a complete guide adequate for a novice dancing teacher. Dances requiring more drill than may seem worth while for one meeting may well be featured at successive meetings to add interest.

Every league master should have a copy of Pamphlet 101 of the National Association, "Sleeping and Sitting in the Open Air." (Single copies sent free; \$2.25 per hundred.) It will interest children immensely to give them a practical demonstration at the meeting of the way to make the Klondike bed. A cot and mattress and blankets should be loaned for the occasion. "The Klondike bed is a method of arranging the bed covers to form a sleeping bag into which a person can slide from the upper end of the bed, the idea being to keep the cold air and wind from getting under the blankets. To make the Klondike bed, place over the mattress an old blanket or a cotton bed pad of the same width as the mattress, and on this, ordi-

nary bed sheets or blanket sheets. Make the bed in the usual way, allowing its covers to fall loose on every side. Then gather up the coverings on one side and pass them beneath the pad to the center of the bed, and follow this by doing the same on the opposite side and at the foot of the bed. The entire bed is last covered by a heavy blanket or quilt which is tucked in under the mattress." (From "Fresh Air and How to Use It," \$1.00, National Association.)

Time to Organize

All workers who contemplate organizing leagues are urged to hold the organization meetings as soon as possible and to recruit the ranks in large numbers in preparation for the community health activities before the Crusade in 1918.

The subject of the April meeting is: "Fly and Mosquito Campaigns. Clean-up Work. Baby Welfare." An attempt will be made to marshal many additional tens of thousands of Crusaders for an attack against flies and other disease carriers, along preventive lines. The February BULLETIN will outline a program for an extra meeting in March.

An Exhibit for the Soldier

The National Association for the Study and Prevention of Tuberculosis is preparing an exhibit on the general subject, "The Health of the Soldier," for use in the military camps in the United States and France. The exhibit will be shown in co-operation with the Educational Bureau of the War Work Council of the Y. M. C. A. in all the Association buildings. At least twenty different sets will be prepared.

The exhibit will be in fifteen panels of three sets of five, and will aim to stress the positive side of health. The first series of five panels will be headed "Diseases are spread by close contact," and will take up coughs and colds, measles, pneumonia, tuberculosis and syphilis. The second set will be headed, "Diseases are prevented by knowledge and care," and will portray how by covering the mouth in coughing and sneezing and by care in spitting, many diseases can be prevented. The third series will be headed, "Fitness for Fighting," and will emphasize the need for fitness and the patriotic aspects of being fit to fight.

James Daugherty, a well-known artist, has been engaged to draw the color illustrations for the panels. These panels will be two-thirds illustration, and will portray as accurately as possible some interesting phases of army life.

In conjunction with the exhibit the National Association will also issue a series of stock lectures on tuberculosis and health, and a special circular for popular distribution in the camps, entitled, "Red Blood."

Annual Meeting Program

The chairman of the Pathological Section for the annual meeting of The National Association for the Study and Prevention of Tuberculosis, whose name could not be announced in the last BULLETIN, is Dr. M. C. Winternitz of New Haven, Conn. The other section chairmen are as follows: Clinical

Section, Dr. Walter R. Steiner, Hartford, Conn.; Sociological Section, James Minnick, Chicago; and Advisory Council, Dr. George Thomas Palmer, Springfield, Ill.

The dates for the meeting are June 6, 7 and 8, and the place is Boston. Members are urged to reserve these dates.

Some Conference Resolutions

Among the significant resolutions adopted by the various sectional conferences, the one adopted by the Southern Conference at Chattanooga outlines a comprehensive program and is worthy of special note. The resolution in full follows:

"WHEREAS, The discussions of the Southern Tuberculosis Conference have clearly indicated that the problem of the control of tuberculosis in the Southern states has been greatly intensified by the war and has been shown to be of vast proportions; and,

"WHEREAS, It has also been shown by the deliberations of the Conference that the machinery available for the prevention and treatment of tuberculosis in the South is utterly inadequate to meet the demands created by the war; therefore, be it

"Resolved, That we, the members of the Southern Tuberculosis Conference individually and collectively pledge ourselves to work in our respective communities for an adequate program for the control of tuberculosis, embodying the following features:

(1) An adequately financed and properly manned State Board of Health with a bureau or division of tuberculosis;

(2) Full time county or district health officers under Civil Service tenure of office;

(3) One hospital or sanatorium bed in public institution for at least every annual death; this to be considered as a minimum provision only;

(4) A tuberculosis dispensary or clinic with a visiting nurse and standards recommended by the National Association in each city of 10,000 population or over, and in every county outside of such city;

(5) A visiting tuberculosis or public health nurse in every city of 5,000 or over, and for the outlying country districts;

(6) A local anti-tuberculosis association in every community able, in the discretion of the State Association, to support a proper program, and an adequately financed and properly manned State Association in each State;

(7) Open Air Schools and Fresh Air Classes in connection with all union or graded schools throughout the South;

(8) A continuous, consistent educational campaign for the schools, the general public, the medical profession and public officials;

(9) Reporting, follow-up and careful supervision in home and institutions of every case of tuberculosis."

The nurses at the round table, held in connection with the North Atlantic Conference, were impressed with a number of problems that arose out of their discussions, and adopted the following resolution, which is also worthy of mention:

"WHEREAS, In this joint conference, at which there were present about 150 people interested in the fight against tuberculosis, many interesting reports were delivered, coming from a number of cities and towns from which delegates were sent, and discussion incident to anti-tuberculosis work as promulgated in these several cities and towns was engendered; it was

"Resolved, That in view of the number of tuberculosis cases constantly coming to the notice of those closest to the situation it becomes essential to the success of the work being carried on along these lines that the number of nurses for field duty be augmented to that commensurate with the urgent requirements of the situation; and it was further

"Resolved, That in addition to the increased number of efficient nurses referred to, it is urgently desired that hospital and sanatorium accommodation be brought to the required status, and that open air classes for school children be made a more conspicuous feature in the general training of children; and it was finally

"Resolved, That in order to prevent the occurrence of tuberculosis sanitary and housing conditions should be improved, and in order that proper diet may be intelligently administered visiting dietitians and teachers of home economics should be appointed and maintained."

Name of Tuberculosis Play Changed

The name of the play entitled "The Destroyer," as announced in the last number of the BULLETIN, has been changed to the title, "Love Forbidden." The first performance will be given at the National Theatre, Washington, D. C., on Sunday, February 3d, and invitations will be extended to President Wilson, his cabinet and other prominent officials. The play will "open" in Baltimore on February 4th, instead of in Newark. Its Baltimore production will be given in co-operation with the Maryland Association for the Prevention and Relief of Tuberculosis.

Robert Edeson, the well-known actor, has been engaged to star in the leading part. This fact is sufficient evidence as to the dramatic qualities of the play. The fact that so well known a firm of managers as the Webers would undertake to produce it is evidence of the commercial value of it as rated by theatrical men.

Anti-tuberculosis associations are urged to co-operate with the play when it comes to their communities. Information concerning it may be secured from I. N. Weber, 47th Street and Broadway, New York.

Diagnostic Standards In Tuberculosis

One of the unique and helpful contributions issued by the Framingham Community Health and Tuberculosis Demonstration is a little pamphlet entitled, "Diagnostic Standards in Tuberculosis." This pamphlet was prepared by a special committee, consisting of the following men:

Dr. Arthur K. Stone, Chairman; Dr. Edwin A. Locke, Dr. Cleveland Floyd, Dr. John B. Hawes, 2nd, Dr. Elliott Washburn, Dr. Vincent Y. Bowditch, Dr. Eugene R. Kelley, Dr. Herbert C. Clapp, Dr. Roger I. Lee and Dr. Richard Smith.

It has been used as the basis for diagnosis of tuberculosis in the health and medical examination surveys being conducted at Framingham under the direction of Dr. Armstrong. It is somewhat more elaborate than the standards adopted by the National Association, and, in some respects, differs from these standards, particularly in reference to the diagnosis of tuberculosis in children. Copies of the pamphlet may be obtained on request from the Framingham Health Center, Framingham, Mass.

National Association Needs 5,000 New Members

(Continued from page 1)

to help in this membership campaign. If each reader would undertake to solicit and obtain one new member, the campaign would be won at once. The annual membership fee is five dollars. Checks should be made payable to William H. Baldwin, Treasurer, and mailed to the Executive Office.

By H. H. SHOULDERS, M. D., Tennessee State Board of Health, Nashville, Tenn.

(P. O. Address)

Anti-Tuberculosis Organization For Small Cities*

By H. W. BALDWIN, Sewickley, Pa.

Where local interest in anti-tuberculosis work has been aroused through an exhibit, a special campaign in an adjacent city, or from some other cause, the assistance of a state or national field agent may be asked to perfect an organization.

In such a case it is well for the agent to give most careful consideration before advising along such lines as are given generally by authorities on organization methods. The reason for this is analogous to that of a physician who knows well that a certain drug is the cure for a particular disease, yet the size of the dose and the method of administering is by no means the same with every patient. The most progress is made by not going too fast and making a misstep, which means coming back and going over the ground. The problem should be most carefully considered from every possible angle, such as the character of the people in the community; their occupation; their financial resources; their familiarity with social problems; in general; the causes stimulating them; in this particular movement, and all other data obtainable; after this it is time for a decision as to what suggestions to offer. The application of the most carefully prepared rules requires a familiarity with human nature and the use of tact and diplomacy.

Make Haste Slowly

If the city is not progressive in any form of social activities, it should be especially borne in mind that progress is best made by going slowly at the start. In such a case it is not simply a problem of training those interested in the anti-tuberculosis work, but in educating them in giving service, in raising funds and the necessity and importance of continuity of service. If a fundamental education is required, it may be best to start first a simple activity that will lead the community step by step to live, active anti-tuberculosis work.

A good preliminary step in a community of this kind is a summer camp. The summer "fresh air movement" is well known and does not require as much explanation as it does to start a nurse or some other forms of work. One may in a small city meet some such criticism as this: "We do not need fresh air; it is not like New York, Philadelphia, or Chicago, with children raised in tenement districts." A few examples of underfed, anemic children will overcome this. There is not a Sunday school in even a small city where the teachers cannot bring forward a number of children showing the need of a change of environment and good nourishment. There are many advantages in

a camp, to stimulate action and train a community to be interested in health and social activities. The peculiar interest attached to work for children makes it an easy task to raise money for a camp; furnishes an interesting subject for newspaper publicity; interests the teachers in Sunday and public schools, the city poor and health authorities; and thus enables one to form a working committee touching almost every group of people and from this beginning to start the work in a broad, comprehensive and democratic way.

Arousing Community Interest

The work connected with a camp of fifteen to twenty-five children lends itself most conveniently to be separated into subdivisions and allows many different committees to be put to work. All work is important that teaches the workers to keep up their end and faithfully to do what they have undertaken. As a camp only lasts six to eight weeks, many helpers may be secured who would hesitate to volunteer if it meant work for a much longer period. Another, and probably the most important educational feature of a summer camp for anemic children, is the interest aroused in all workers and visitors who see the children gaining in health and strength. This interest should be capitalized by having the people in charge of the children explain any interesting features about them or their home conditions.

The stronger the human appeal can be made, the more real and vital is the interest aroused. To illustrate this is a case that came under the writer's personal observation of a woman who took a somewhat casual interest in social work but was induced to visit a camp. While there she became interested in a boy whose eyesight was much affected. She visited the home, and finding most distressing conditions, volunteered to have an oculist care for the boy at her expense. This resulted in other visits, followed by the discovery of tuberculosis in the homes of some of the camp children, and later she became a most enthusiastic worker on a tuberculosis case committee.

By dwelling at such length on the subject of summer camps the writer does not mean to suggest that it is always the first or best step in arousing the interest of a community, but it has educational features of such importance that it surely calls for careful consideration.

Forming the Organization

In further considering the apathetic city in social activities it is unnecessary to call the attention of a trained worker to the danger of an organization being composed of one clique or group, but it may be in order to offer one or two

suggestions in order to make it democratic. The interest at the start will be limited to a few but yet you want your organization to be built for the future, not to be unwieldy, but capable of taking in all interests as they develop. To accomplish this, it is advisable that your board of directors be composed of three classes, namely: ex-officio, representative, and elected. They are given in the order of their least importance. The first are the public officials, mayor, health officer, school superintendent, etc. The next should include all active churches, boards of trade, hospital boards, lodges or labor organizations etc., one representative from each being appointed. These representatives may not attend meetings or be active, but you have at least invited them and every now and then some matter will come up of interest to some particular one of the organizations. The last group will of course be those elected for their real live interest and will be the active workers. The requirements for a quorum should be a given number of "elected directors" only and not in any way based on the others.

Wide Representation Needed

Another caution in the selection of directors is to bear in mind that your city organization will most likely be a part of your county movement and also coupled up with your state work. On this account look over your city for any local members of the legislature or the governing board of the county. You may not think you want them as individuals, but if they can be appointed from some of the churches or lodges as the representative directors it is apt to be of great help when you least expect it. It is much easier to deal with a state senator or county supervisor who is a member of your board than one who is not. Whether such a man has ever attended a meeting of the board, he has had copies of all your literature, of all reports and his name is probably on your stationery.

In contrast with the above assume the city is one that has many social activities in existence, and where health matters in general have been live issues; you here have many more things to consider. You, of course, should make the general survey as outlined at the beginning of this article, and probably the first and most important question will be: Shall the anti-tuberculosis work be an entirely separate organization or part of an existing one? It would be impossible to answer this until every condition has been considered in each case, but attention can be called to some things which should not be overlooked. In planning the scope of work or outlining a program for several years in advance, be sure and do not overlook

* Prepared as a paper for the Institute for Tuberculosis Workers, 1917.

the growth of other organizations during the same period you are planning for. Be very careful to see that you do not over-organize the city. A city over-organized is far worse than one with too little organization. In the latter case the cause is probably too much volunteer work with lack of guidance, and can be easily remedied by securing one or more trained workers. In the former case there is apt to be friction, which must be overcome before the co-ordinating of forces can be accomplished.

Question of Federation

It is difficult to discuss this question without taking a hypothetical case, but the writer would feel that in cities of 40,000 or under a consolidation of all social activities should be most carefully considered. There are two plans of consolidations to consider, one a general federation with one directing head over different departments, or it may be simply a financing organization to raise funds for a group of entirely separate societies, the co-ordinating of their work and the prevention of overlapping being done by the control and distribution of the funds. Both these will have to be considered.

In the smaller cities, if there are several societies, it is almost impossible to make them all democratic. They will be composed of cliques or they will be divided on religious lines, and thus have a tendency to pull apart in their work. Health and tuberculosis work cannot be done without relief work and if you have a municipal nurse with no funds who is not in accord with the society doing relief work, her work is not efficient. On the other hand a relief society with no nurse cannot get results unless it pays a private nurse to do what the city nurse should do. Relief work should not be done without proper investigation and the keeping of proper records. In most cases a nurse or health worker is not trained in the importance of records and if she is rushed, the records as secondary matter are neglected.

Raising Funds

Another consideration for consolidation in smaller cities is that an active city-wide or democratic organization can do far more good in legislative assistance. This applies not only in the city locally but for county and state legislation. In the matter of raising funds there may be more said in favor of the separate organizations. Four societies appealing to the public at four different times can get more than the four together at one appeal, if the appeals are all done thoroughly. The separate appeals would probably, however, not be done as well as the large one. One other point not to be overlooked in this is that an anti-tuberculosis association doing largely propaganda and educational work is harder to secure funds for than a relief or child welfare society.

The above are just some of the questions to be taken into consideration in starting an anti-tuberculosis organization in a smaller city. This article does not pretend to cover all points necessary to

consider by any means, but is only to suggest some factors that might be overlooked.

New Ideas In Minneapolis

The Minneapolis Tuberculosis Committee has been distributing a series of pamphlets on various health subjects, beginning with No. 1 on "Tuberculosis," to about ten thousand factory workers throughout the city.

The committee has also undertaken, through the motion picture theatres, to furnish a series of slides on tuberculosis and other health subjects, which are run for weekly or bi-weekly intervals and then changed. These slides are used in practically all of the theatres in the city and are seen by thousands of people every week. The cost is a comparatively small matter. Detailed information concerning these slides and the circulars may be obtained from Mr. Paul L. Benjamin, Secretary of the Committee, Chamber of Commerce Building, Minneapolis, Minn.

A NEW BOOK LIST

(Continued from page 2)

THE CAUSE OF TUBERCULOSIS. TOGETHER WITH SOME ACCOUNT OF THE PREVALENCE AND DISTRIBUTION OF THE DISEASE. By Louis Cobbett, M.D., F.R.C.S., University Lecturer in Pathology, Cambridge, Eng. Published by Cambridge University Press, 1917. 708 pp., 12 illustrations. Price, \$6.50, postpaid.

This book is addressed to those who are interested in the preventive movement against tuberculosis. The earlier chapters deal with the magnitude of the tuberculosis problem. He then treats of the infectiousness of tuberculosis, and the question of susceptibility, the portals of entry, and the quantity of bacilli needed to infect. The morphology of the bacillus, tuberculosis in animals, the various types and prevalence of the bacillus, etc., are a few of the other topics discussed. The book brings together from the point of view of the pathologist and in scientific form a mass of valuable material that any worker in the anti-tuberculosis campaign should have at his disposal.

THE BATTLE WITH TUBERCULOSIS AND HOW TO WIN IT. By Dr. MacDongall King, M.B. Published by J. B. Lippincott Co., 1917. 260 pp. Price, \$1.50, postpaid.

In this book, designed for the patient and his family, Dr. King has used the popular war spirit, by using the analogy of the tubercle bacillus as the attacking enemy, and the patient as the defender; he has conveyed a vast amount of information about home and sanatorium care of tuberculosis, in readable form. Doctors will do well to recommend this book to their patients.

DISCOVERING THE EXPOSED CASE

(Continued from page 6)

are intimately exposed to an advanced case of tuberculosis this year are the ones who will most likely furnish the advanced cases of the disease in a few years.

It is the purpose of the plan herein outlined to put anti-tuberculosis agencies in touch with the potentially tuberculous children, with the view to preventing them from developing an advanced process.

The plan as it is to be followed in the office of the Tennessee State Board of Health is as follows: The certificates of tuberculosis deaths are transcribed and placed in separate volumes. A questionnaire is sent to the informant, whose name is given on the death certificate, and to the physician last in attendance on the deceased. The blank to be used is reproduced on page 6 to show the type of information called for. The items of information called for by the questions in Group No. 1 are in the main related to the family history of the deceased. These are investigated and have no bearing on the plan.

The information sought as regards exposures is self-explanatory. A follow-up system will be employed to insure as nearly 100 per cent. of replies as is possible. When the name of exposed persons reach the office they will be forwarded literature designed particularly for those who have been exposed to an advanced case of tuberculosis. A list of these exposed persons can be forwarded to any local anti-tuberculosis agency that may see fit to visit such persons, and look into their surroundings and environments, and to administer aid.

The list of exposed (potentially tuberculous) persons could be indexed and checked against the certificates of deaths as the years go by to determine just what is happening to them.

If it is to be admitted that education is of value, and it certainly is; if personal visits are to be regarded as of value, and they certainly are, it must essentially follow that education directed immediately at those known to be in the greatest danger, will be of most value.

The adoption of this plan need not necessarily lead to a cessation of activities directed to the cases already advanced. It simply broadens the scope of our anti-tuberculosis activities so as to include those who will, if neglected, most likely furnish our crop of advanced cases that will demand attention five, ten or fifteen years from now. It seeks to prevent the development of the disease in persons known to be "potentially tuberculous" without curtailing any activities directed to the prevention of the spread of the infection. It will enable anti-tuberculosis agencies to concentrate their activities where they are most needed with the greatest assurance of ultimate good.

